#THENANDNOW

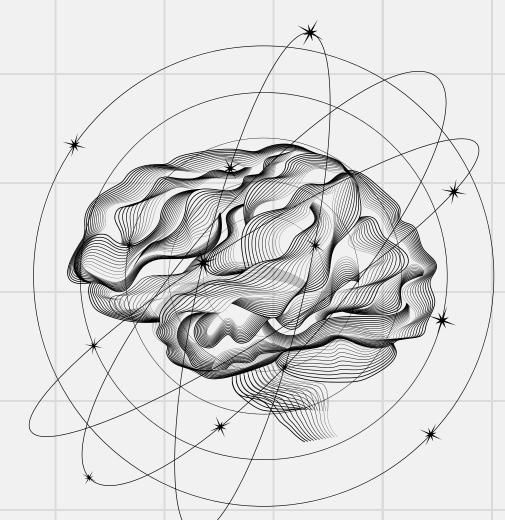


FND AWARENESS DAY 2024

RESEARCH IN FND

HOSTED BY:

FND ACTION
FND DIMENSIONS
FND FRIENDS





VOICES4FND

PRESENTATION

ABOUT ME



Stephanie-Roxanne Blanco, BSc, MRes, Fhea
Publishes under: S.R.Blanco
Neuropsychology, mixed methods researcher, neuroimaging specialist



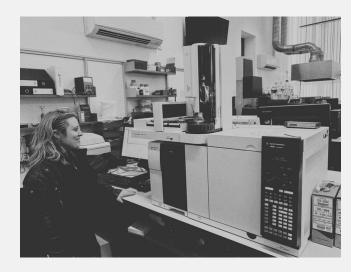
AFFILITATIONS

Lecturer in Psychology
Bishop Grosseteste University
PhD/ Guest Lecturer
Nottingham Trent University
Division of Neuropsychology



OUTREACH

Vice-Chair/Medical Advisory
FND Dimensions
TEDx Speaker
Further outreach plans
10 years of patient support



RESEARCHER

Neuropsychology
FND Specialism since 2015
Lived experience
Currently submitting PhD
Looking toward my next steps



HISTORY OF FND RESEARCH

Research sits within a sociopolitical sphere and is influenced by social norms and values - regardless of the field



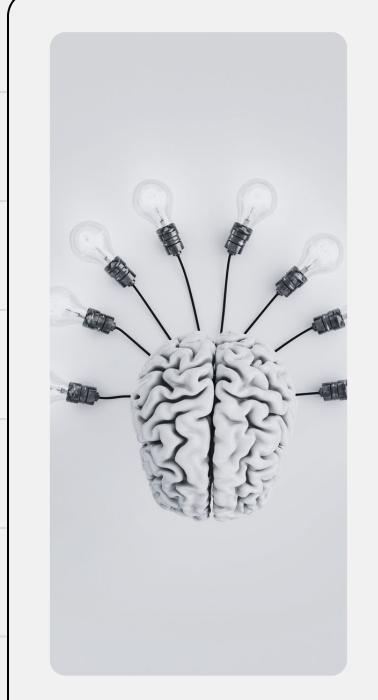
Anna O
Suffered from convergent
squint, paralyses, pares is of
her neck muscles, and
contractures. Enters
autohypnosis.
Research linked to trauma
and cures of talking
therapies.



EEG: 1935.3 Hz. Spike wave patterns epilepsy

1990s handful of publications in FND

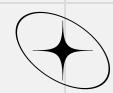
Early 2000s 2 lines of argument



1,210 peer-reviewed works since 2001

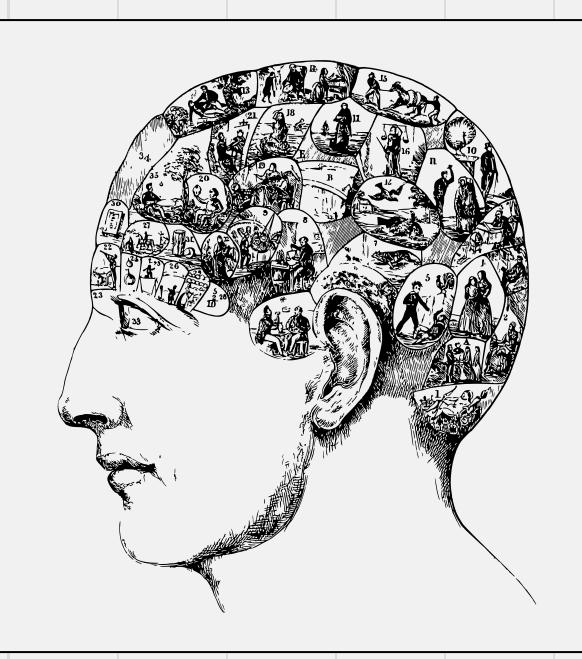
Research lines currently:

- What
- H o w
- Other



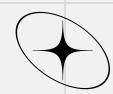
"FND DOESN'T SHOW UP ON A BRAIN SCAN"

We need to first understand how the brain functions





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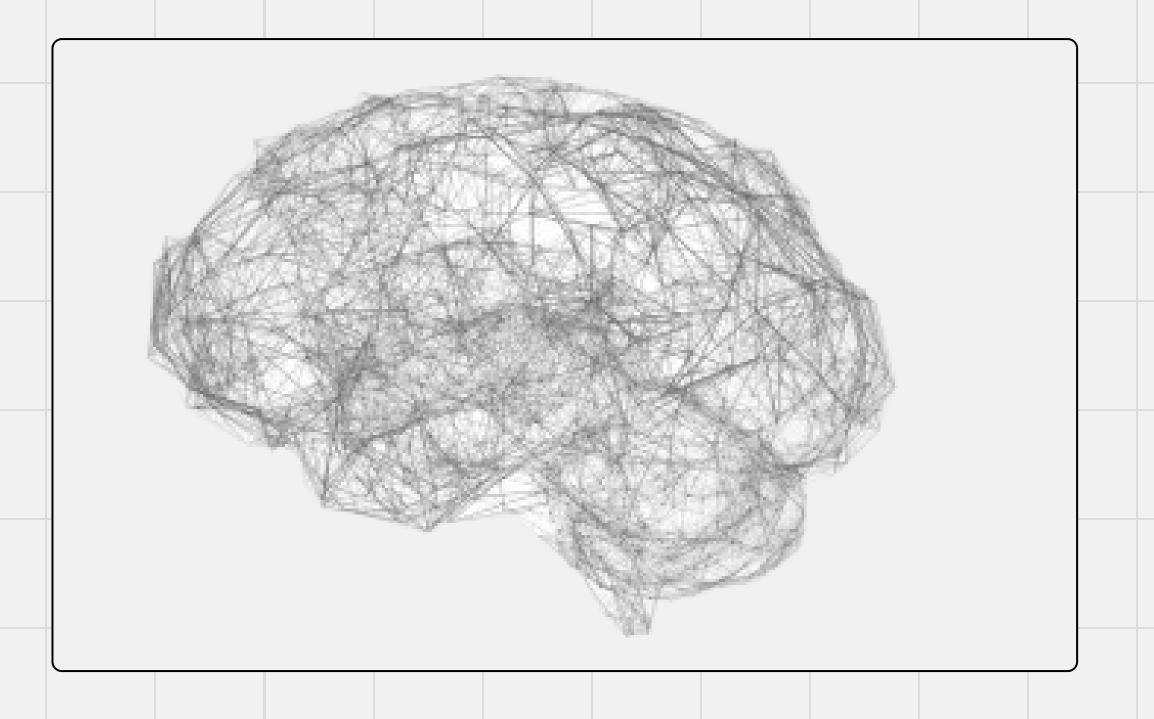


"FND DOESN'T SHOW UP ON A BRAIN SCAN"

FND suggested to be a neural network disorder

FND findings:

- Disruptions to rTPJ network in self-agency
- disruptions to motor conceptualisation, inhibitory control, attention, and others
- aberrant connectivity between cingularinsular amygdala and motor control networks





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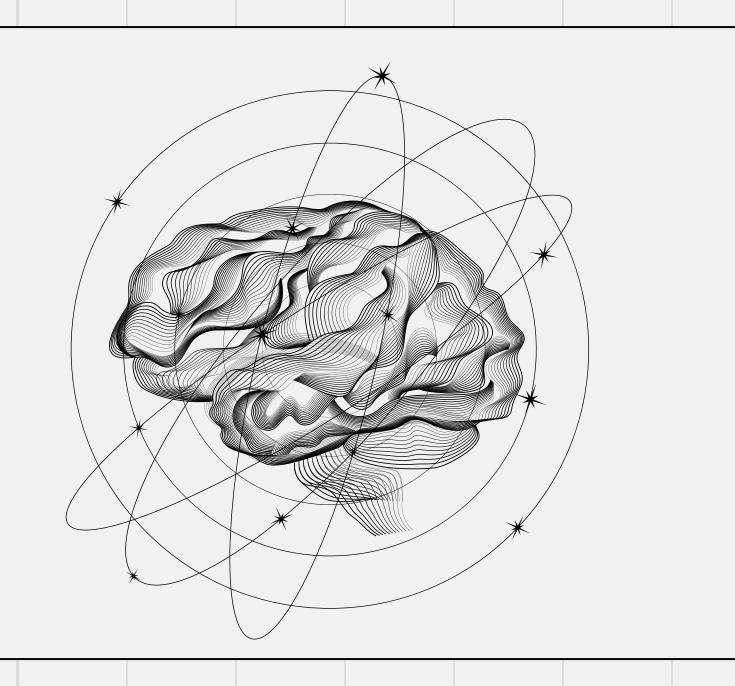
"FND DOESN'T SHOW UP ON A BRAIN SCAN"

Even in a resting state, connections are disrupted.

Decreased resting-state connectivity between rTPJ and primary sensorimotor regions

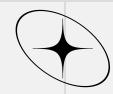
F-seizures show differences in connectivity compared with motor subtypes

FND is more than a network disorder - brain, body and mind.





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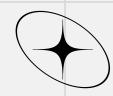


"IT'S A TRAUMA RESPONSE"

Trauma likely represents a subgroup of people.

Trauma lends to differences in function of the brain, as does infection, inflammation, head injury, etc

Dissociation is a strong predictor of FND but should be considered as a symptom, rather than a cause



"THERE'S NO ROLE FOR PSYCHOLOGY"

Psychology goes beyond counselling. Research experts.

FND sits between many fields. All professionals should invest time to understanding this condition.

Grounding, pacing and other neuropsychological techniques can help to manage symptoms





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"FND IS X REBRANDED"

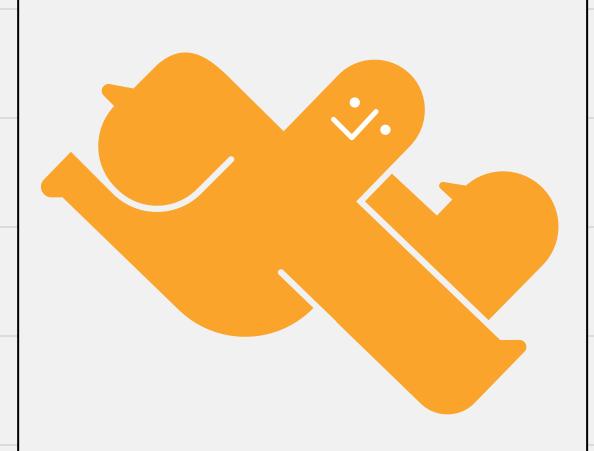


FND is a distinct condition

There may be subtypes of FND (my current PhD explores this)

Assumed a general mechanism is operating in all FNDs

W hy we use control groups



Comorbidity is high in FND

Fibrom yalgia, CFS/ME, EDs, Chronic Pain, Migraines

As are other neurological disorders

Studies show high crossover between ASD and FND (studies in 2022)

Key next step is understanding prevalence, influence on treatment and prognosis



DISABILITY AND REHABILITATION 2024, VOL. 46, NO. 1, 1–12 https://doi.org/10.1080/09638288.2022.2155714



REVIEV

∂ OPEN ACCESS

☐ Check for updates

A meta-ethnographic synthesis of the experiences of stigma amongst people with functional neurological disorder

Ciarán Foleya*, Antonia Kirkby and Fiona J. R. Eccles [1]

*Division of Health Research, Faculty of Health and Medicine, Lancaster University, Lancaster, UK; Department of Clinical Neuropsychology, Salford Royal Hospital, Salford, UK

ABSTRACT

Purpose: Functional neurological disorder (FND) causes many neurological symptoms and significant disability. It is often misunderstood by medical professionals and the public meaning stigma is regularly reported. The aim of this review was to synthesise the qualitative findings in the literature to develop a more in-depth understanding of how people with FND experience stigma to inform future interventions.

Method: This review used a meta-ethnography approach. Five databases were searched (PsycINFO, Web of Science, CINAHL, MEDLINE, and EMBASE) in February 2021 and updated in July 2022 for qualitative papers in FND. Included papers were critically assessed using the critical appraisal skills programme (CASP) checklist. Data were analysed and synthesised utilising meta-ethnography.

Results and conclusion: Sixteen papers were included in the final synthesis. Four major themes emerged: stigmatized by delegitimization; stigmatized by social exclusion and rejection; coping with stigma; and stigma and identity. The results identified negative, stigmatizing attitudes towards people experiencing FND symptoms in a variety of contexts including healthcare and other social institutions. The effects of stigma led to further exclusion for participants and appeared to trigger coping styles that led to additional difficulty. Stigma is a key part of the illness experience of FND and needs to be addressed.

- ➤ IMPLICATIONS FOR REHABILITATION
- Functional neurological disorders can cause a significant degree of disability for those individuals who experience them.
- This experience appears to be compounded by stigma these people encounter as a result of their illness in their day-to-day lives as well as in their contact with institutions including education, workplaces and healthcare
- A potential strategy to reduce the impact of stigma is through raising awareness of the reality of this
 condition which may be achieved through education targeted towards healthcare providers.

ARTICLE HISTORY

Received 11 March 2022 Revised 28 November 2022

KEYWORDS

Functional neurological disorder; stigma; metaethnography; functional movement disorder;

Stigma impacts patients, access to healthcare.

Limits online presence/awareness raising

1 2 / 1 7

Researchers and clinicians do get targeted too!

CNS Spectrums

www.cambridge.org/cns

Review

Cite this article: MacDuffie KE, Grubbs L, Best T, LaRoche S, Mildon B, Myers L, Stafford E, and Rommelfanger KS (2021). Stigma and functional neurological disorder: a research agenda targeting the clinical encounter.

CNS Spectrums 26(6) 587-592.

https://doi.org/10.1017/S1092852920002084

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Key words:

Functional neurological disorder; provider perceptions; conversion disorder; PNES; attitudes; training

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Stigma and functional neurological disorder: a research agenda targeting the clinical encounter

Katherine E. MacDuffie^{1,2}, Lindsey Grubbs³, Tammyjo Best⁴, Suzette LaRoche^{5,6}, Bridget Mildon⁷, Lorna Myers⁸, Elizabeth Stafford⁹ and Karen S. Rommelfanger¹⁰*

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Abstract

Stigma against patients with functional neurological disorder (FND) presents obstacles to diagnosis, treatment, and research. The lack of biomarkers and the potential for symptoms to be misunderstood, invalidated, or dismissed can leave patients, families, and healthcare professionals at a loss. Stigma exacerbates suffering and unmet needs of patients and families, and can result in poor clinical management and prolonged, repetitive use of healthcare resources. Our current understanding of stigma in FND comes from surveys documenting frustration experienced by providers and distressing healthcare interactions experienced by patients. However, little is known about the origins of FND stigma, its prevalence across different healthcare contexts, its impact on patient health outcomes, and optimal methods for reduction. In this paper, we set forth a research agenda directed at better understanding the prevalence and context of stigma, clarifying its impact on patients and providers, and promoting best practices for stigma reduction.

"IT'S A WOMEN'S PROBLEM"

Diagnosed in women more than men (3:1)

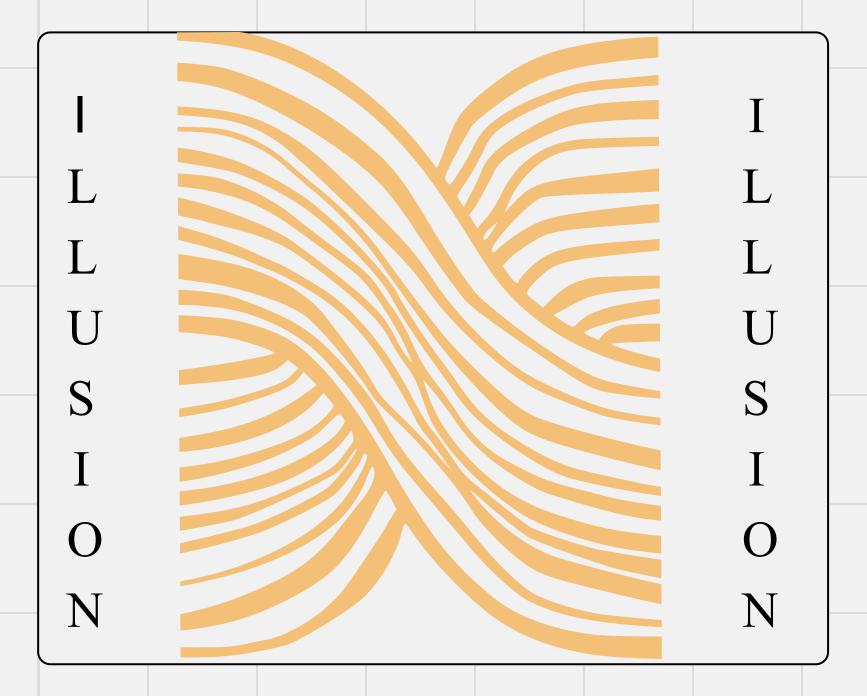
Historical biases leading to increased diagnosis in women?

Do not undermine men's experiences of FND

Lack of female-specific understanding, e.g. FND & childbirth, pregnancy, perimenopausal menstruation.

Socio-economic status

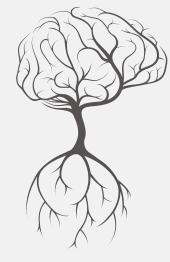
Other epidemiological studies urgently needed, LGBTQ+, BAME, culture in much the same way that it has been studied in other conditions





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OTHER RESEARCH AVENUNES



CAUSES & MECHANISMS

Understanding risk factors,
epidemiology studies,
understanding lived experience,
biomarkers



CLINICAL

Improvements to diagnosis,
experience in healthcare and
categorisation to improve care
provision and outcomes



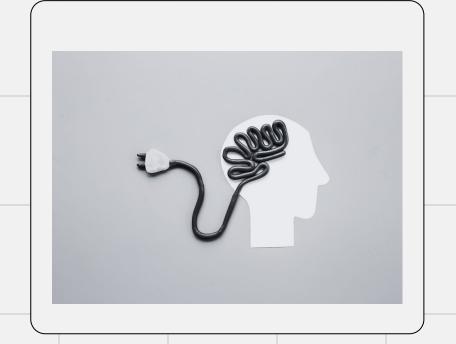
TREATMENTS

Whilst there's some research on this, there isn't enough. This needs to consider MDTs and different symptoms

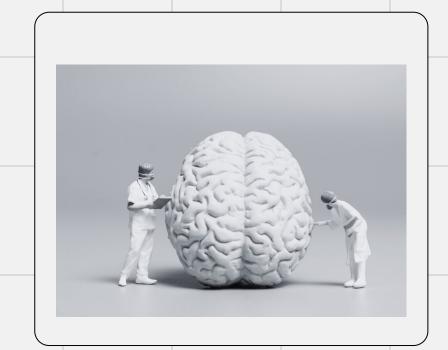
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ANSWERS FROM RESEARCH



MY CURRENT WORK

Inflammation, dissociation and brain function in FND

Additional investigations into symptom profiles and types and influence on brain function, inflammation and dissociation



Other works:

- SNN in EEG
- Motor cognition pieces
- ERPs & other neuro im aging
- Other in flam matory markers and cytokines and omegas
- multi-modal analysis imagery & qualitative pieces



FUTURE OF RESEARCH

PATIENT PARTICIPATORY RESEARCH

NEUROIMAGING RESEARCH NEEDS TO BETTER CATEGORISE SYMPTOMS

GREATER INCLUSION OF MORE
CONTROL GROUPS

LONGITUDINAL STUDIES

MORE MULTIMODAL RESEARCH

LARGER SAMPLES

MORE BIOMARKER STUDIES

GREATER COLLABORATION



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Twitter/X

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